

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361880912
Report Date: 10/23/2023
Date Signed: 10/23/2023 12:55:37 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 , CA 92507
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/22/2022** and conducted by Evaluator Rayshaun Nickolas

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20221122161723
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FACILITY NAME: A & A CARE AND WELLNESS	FACILITY NUMBER: 361880912
ADMINISTRATOR: AKOPYAN, HELEN	FACILITY TYPE: 740
ADDRESS: 16055 SEQUOIA STREET	TELEPHONE: (818) 588-2894
CITY: HESPERIA	STATE: CA
CAPACITY: 6	ZIP CODE: 92345
MET WITH: Tyeshia Jones, caregiver	CENSUS: 2
	DATE: 10/23/2023
	UNANNOUNCED TIME BEGAN: 12:15 PM
	TIME COMPLETED: 01:01 PM

ALLEGATION(S):

1	R1's medication not given according to the physician's directions.
2	Reporting Requirements.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Rayshaun Nickolas made an unannounced visit to the facility to deliver
2	the finding on the above allegations. LPA met with caregiver Tyeshia Jones, and explained the purpose
3	of the visit. The investigation included a file reviews and interviews with relevant parties.
4	
5	Allegation #1 "R1's medication not given according to the physician's directions". The allegation alleged
6	that the facility failed to administer resident #1's (R1's) medication as prescribed by R1's physician. LPA
7	Nickolas' interview with the Licensee revealed that the Licensee confirmed that R1 missed doses of their
8	medication, but it was not the facility's fault. The Licensee stated that there was an issue with the
9	physician's office sending the medication to the pharmacist. LPA Nickolas's interview with staff #1 (S1)
10	revealed that they deny this allegation. LPA Nickolas' interview with staff #2 (S2) revealed that R1's
11	medical insurance carrier would not approve the prescribed medication, so the facility could not refill it.
12	LPA Nickolas interview with R1 revealed that they could not participate in the interview process. The
13	finding is Unsubstantiated. There is no evidence or witnesses to corroborate the allegation.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Rayshaun Nickolas
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/23/2023

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/23/2023

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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Control Number 56-AS-20221122161723

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1650 SPRUCE ST STE 200
MS29-27
, CA 92507

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: A & A CARE AND WELLNESS

FACILITY NUMBER: 361880912

VISIT DATE: 10/23/2023

NARRATIVE

- 1 Allegation #2 "Reporting Requirements". The allegation alleged that the facility failed to report resident
- 2 #1's (R1's) medication errors. LPA Nickolas' interview with the Licensee revealed that the Licensee
- 3 stated they sent a fax about the medication error to the Community Care Licensing Division (CCLD) via
- 4 fax. The Licensee stated they also reported this incident to another agency. LPA Nickolas' file review
- 5 revealed no record of this incident reported to our agency. However, the Licensee has a history of
- 6 reporting unusual injuries/incidents at the facility before and after this incident. The finding is
- 7 Unsubstantiated. There is no evidence or witnesses to corroborate the allegation.
- 8
- 9 A finding of Unsubstantiated means although the allegation may have happened or is valid, there is not
- 10 a preponderance of evidence to prove the alleged violation did or did not occur.
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- 12 An exit interview was conducted and copy of this report was provided.
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NAME OF LICENSING PROGRAM ANALYST: Rayshaun Nickolas
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/23/2023

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